

instead of less in wages after the rise in oil prices from 1973. The professional associations to which so many of the group belong did just the same! In any case, though there is some truth in the analysis it is over-simple. So, incidentally, is the remark that 'Pentecost has come again in the unlikely guise of TV'. To disentangle the truth from the error contained in it is but one instance of the stimulus to thought which the whole report provides.

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Psychiatric Ethics

Eds Sidney Bloch and Paul Chodoff,
Oxford University Press, Oxford
£12.50

This volume is a welcome contribution to the literature on psychiatric ethics, with papers from historical, sociological, legal and philosophical perspectives. Papers are on diagnosis, research, training in ethics, the abuse of psychiatry in the Soviet Union and suicide. There are several on particular treatments (drug therapy, sex therapy, psychotherapy and psychosurgery) and on specialties (child and forensic psychiatry). The contributors are mainly distinguished psychiatrists from the United States and England.

In their introduction the editors note that recent concern in psychiatric ethics has arisen for a variety of reasons, including the critiques of Laing and of Szasz, as well as from an awareness of the actual and potential political abuse of psychiatry. They suggest several ways in which psychiatry raises ethical issues additional to those in medical practice generally, including the deprivation of freedom for reasons of mental illness, the increased likelihood of conflict between individual and social responsibilities, and the controversial status of 'mental illness' and its diagnosis. They have organised a wide range of material in a helpful way, with repetition – difficult to avoid in a collection of this sort – kept to a tolerably low level. On the whole, the papers are excellently written and include comprehensive bibliographies.

On the other hand, it should be said that one of the main strengths of the volume is also something of a weakness. Most of the papers are by distinguished members of the psychiatric establishment, which certainly brings the benefit of authoritative and informed discussion. However, it also means that some

of the pressing issues are dealt with, if not complacently, at least with little or no serious questioning of conventional psychiatric practice in America and England. Radical criticisms and proposals by psychiatrists, lawyers and others, while mentioned for the purpose of discussion, have no direct representation in the volume. Their inclusion would have served to balance the rather conservative, though by all means reasonable, views of the majority of the contributors. Connected with the general acceptance of current practice is an implicit assumption that the individual psychiatrist's conscience conforms with the demands of his professional role.

While the volume contains much discussion of ethical aspects of the relationship between psychiatrist and patient (such as informed consent), and of that between psychiatrist and third parties (such as confidentiality), there is very little examination of ethical difficulties which may arise for the individual psychiatrist in relation to the professional and institutional setting within which he works, and by which his freedom of action is implicitly and explicitly constrained. However, such shortcomings do not detract from the substantial positive achievements of the volume, which the reviewer recommends without hesitation to those involved with ethical issues in psychiatry, which includes all practising psychiatrists, and particularly to those responsible for training.

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A Philosophical Basis of Medical Practice

Edmund Pellegrino and David
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Oxford University Press, New York
£11.50

Philosophers have not, until recent times, been welcomed, much less invited to provide their conceptual and critical skills as a service to the State or to established and successful professions such as those in the area of the sciences. We need only remind ourselves of the fate of Socrates to realise that the skills of the philosopher have been judged at best as confusing and, at worst, as socially disruptive and dangerous. The philosopher is accused of having no content of his own to

reflect on and viewed, therefore, as parasitic on the content of alternative disciplines for reflection. *A Philosophical Basis of Medical Practice* exhibits a constructive change from this traditional stereotype of the philosopher in the ever-expanding dialogue with medicine. The exchange is seen to be mutually beneficial, a welcome advance over the outmoded model of the wise philosopher unilaterally offering his insights into the meaning and purpose of human existence. Philosophy gains in the mutual exchange by gaining access to concrete, verifiable and measurable data about human life as ground for reflection and inquiry while, at the same time, medicine is urged to overcome its anti-philosophical bias and its own claims to preciosity and sacerdotal privilege. The two authors, Pellegrino and Thomasma, have brought their own expertise from medicine and philosophy to articulate the features of a philosophy of medicine and its applicability to both individual and social ethics.

What is most ambitious and impressive about the book is the attempt to provide a comprehensive conceptual framework of ontology, method and value theory within which the interface between philosophy and medicine can be more clearly and systematically spelled out. The framework includes a delineation of a philosophical method to be pursued; reflection on the nature of medicine; an ontology of the body, and the anatomy of clinical judgments. A fundamental claim which is argued for throughout, and which is essential to establishing the links between philosophy and medicine, is that medicine is clearly not a value-free science. Insofar as many of the assumed factual judgments of medicine are either value-laden themselves or reveal value presuppositions, these judgments invite critical scrutiny from the philosopher. Value-laden judgments which pervade the practice of medicine are not construed as suspect in an *a priori* manner but are made explicit in the interest of achieving greater understanding of the foundations of medical practice.

The clinical situation is analysed as a calculus of interacting variables all governed by, geared to, and reflecting the patient's need. Predictably, the patient-physician relationship comes under detailed philosophical scrutiny, a scrutiny which rejects the Hippocratic image of the physician as a paternalistic, albeit benevolent, authority in both technical and moral matters. The analysis of the nature of medicine and